



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

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Office of Emergency Medical Services

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SUMMARY

July 2003 Amendments

105 CMR 170.000, 171.000 and 172.000

(Service Zone Planning, EMS First Response, Serious Incident Reporting and Other Updates)

NOTE: This is a summary of changes made in these Massachusetts Department of Public Health (Department) regulations only. Read the actual regulations for definitive and specific requirements of these changes. Some of these provisions will also be further defined and explained in administrative requirements (A/R), educational materials and applications/reporting forms.

I. Service Zone Planning

- Establishes a more formal local EMS delivery planning process (170.500 et. seq.)
- Service Zone: a geographic area defined by, and made up of, one or more local jurisdictions (170.020)
- Service Zone Plan:
 - Developed by the local jurisdiction(s) in a service zone (170.500)
 - Subject to approval by the Department (170.500)
 - Identifies and makes optimal use of available EMS resources (170.500)
 - Sets local EMS standards (170.500)
 - Designates EMS providers (170.510)
 - One primary ambulance service (170.510)
 - EMS first response service(s), if any (170.510)
 - Defines operational plans for EMS response (170.510)
 - Requires input from, among other system stakeholders, all first responder agencies, EMS first response services and ambulance services operating in the service zone (170.500)
- Service Zone Plans must include (170.510)
 - Current EMS resource inventories
 - Provider selection process(es)
 - Provider performance standards
 - Service zone agreements (170.249, 170.510)
 - Medical oversight plan
 - Operational plan(s)

- Regional EMS Councils: will provide technical assistance to local jurisdictions, review plans and forward plans with recommendations for approval to the Department, for the Department's review and action on approval (170.500, 170.530)
- Deadline: local jurisdictions must have approved plans in place by December 31, 2006 (170.530)

II. **EMS First Response**

- Establishes a new and optional EMS provider service (170.020, 170.510)
- Provides dedicated, quick EMS response to the scene (170.020)
 - Minimum staffing: 1 EFR (170.305)
 - Provides no transport (170.020)
- To function as an EFR service, the service must be both designated in a service zone plan and licensed by the Department (170.020)
- Service zones may designate one or more EFR services, or may choose not to designate any EFR service (170.510)
- May be licensed at any level of service (First Response, Basic, Intermediate, Paramedic) (170.200)
- Fees assessed according to level of service (170.215)
- Licensure as an ambulance service at a particular level includes licensure to provide EFR service at the same and all lower levels (170.200)
- Licensed ambulance services will not pay an additional fee to be licensed as an EFR service (170.200)
- EFR service requirements are generally comparable to requirements of ambulance services (many citations throughout regulations)
- Inspection of EFR vehicles: limited to EMS equipment and supplies (170.410)
- Inspection fees: only for EFR vehicles used at the ALS level (170.215)
- Personnel Working for EFR Services:
 - Minimum Training: same as for first responders (170.020)
 - Must be certified at least as an EFR when working for a designated EFR service at the first response level (170.800, 170.805)
 - Must be certified at the appropriate EMT level if EFR service provides care at EMT-Basic, Intermediate or Paramedic level (170.305, 170.800)
 - EMTs working for EFR services do not need to be certified additionally as EFRs. EMTs' certification process, including fees, remains the same, whether they work for ambulance or EFR services. (170.910)
 - EFR service is responsible to ensure all EFRs are appropriately trained and certified (170.285, 170.910)
 - No fee for EFR certification (170.910)

III. **Serious Incident Reporting, Termination of Service and Other Reporting Requirements**

- Requires ambulance and EFR services to report to the Department serious incidents involving its own service, personnel or property within five days (170.350(B))
- Serious Incident: any incident that results in serious injury to a patient; includes, at a minimum
 - Medication errors that result in serious injury
 - Failure to assess and/or treat in accordance with the Statewide Treatment Protocols that results in serious injury

- Major medical, communication or other equipment device failure or user error that results in serious injury or delay in response or treatment (170.350(B))
- Third occurrence of a serious incident involving the same individual, equipment or device must be reported even if such incidents did not result in serious injury to a patient (170.350(B))
- Requires ambulance services to report to the Department delays in transfer of care in excess of 30 minutes from an ambulance crew to hospital staff must be reported within 72 hours (170.350(C))
- Forms for reporting serious incidents will be made available to services
- Requires services to notify OEMS, applicable Region(s) and service zone(s) of
 - Pending change in level of service
 - Temporary cessation in service
 - Other sudden event that may disrupt or interfere with provision of service (170.247)

IV. **Medical Oversight**

- Authorization to Practice is redefined as a responsibility of a service's affiliate hospital medical director, who must ensure EMTs work in conformance with Statewide Treatment Protocols and their service's affiliation agreement (170.020)
- Affiliation Agreements must now address (170.300)
 - a QA/QI program coordinated by the affiliate hospital medical director
 - skill maintenance and review
 - EMT access to remediation
 - EMT attendance at M & M rounds and chart reviews
 - Authorized physician signatures for treatment orders

V. **Duty to Dispatch, Treat and Transport**

- Immediate dispatch now required (eliminates previous "five minute" rule) (170.355)
- Requirements are now connected to service zone plans (for example, there is a duty to notify an EFR service only if required by the local service zone plan); such provisions will take effect only when and where an approved service zone plan is in place.
- Duties to dispatch, treat and transport prior to service zone plans remain the same as before, with exception of new provision for immediate dispatch. (170.355)
- Provision of primary ambulance response by ambulance services pursuant to provider contracts, via service zone agreements, explicitly addressed and connected to service zone plans (170.355)
- Calls for primary ambulance response, other than that done pursuant to service zone agreements, must be turned over to the primary ambulance service (170.355)
- Requires all services operating in a service zone to immediately dispatch available resources to a mass casualty incident within the service zone upon request by the primary ambulance service (170.355)
- Includes new definitions of appropriate health care facility, immediate dispatch, provider contract, and regular operating area (170.020)

VI. **Trip Record Requirements**

- Trip records must now be generated by all ambulance and EFR services (170.345)
- A trip record must be generated each time an EMS vehicle is dispatched, whether or not a patient is encountered or transported (170.020)
- Minimum elements of a trip record now expressly include care provided to the patient and if there is no transport provided, the reasons for not transporting and, if applicable, the signed informed refusal form from the patient (170.345)
- Trip records must be prepared contemporaneously with, or as soon as practicable after, the call (170.345)
- Requires authorized physician signature for treatment orders where applicable (170.300)
- Establishes failure to comply with trip record requirements as grounds for agency action. (170.940)

VII. Memoranda of Agreement (MoA) for Special Skills/Medications

- Eliminates requirements for special AED medical oversight MoAs; AED now to be treated as any other basic skill (deleted from 170.330)
- Establishes a general requirement that all BLS ambulance and EFR services whose personnel administer medications as authorized by the Statewide Treatment Protocols must have an MoA for medical oversight. (170.330)

VIII. Other EMS Service Provisions

- Requires services providing primary ambulance service pursuant to provider contracts to notify the local jurisdiction in writing (170.248)
- Requires services to keep records for a minimum of 7 years (170.345)
- Former garaging requirements expanded to vehicle readiness standards (170.390)
- Requires equipment be maintained in accordance with manufacturers' recommendations (170.480)

IX. Other Personnel Provisions

- Clarifies that EMTs and EFRs must provide care in accordance with Statewide Treatment Protocols and only up to the level of license of the service with which they are working (170.800)
- Clarifies that EMTs and EFRs must comply with all applicable laws, rules, policies, etc. (170.800)

X. First Responder Regulation Changes

- Includes provisions for first responder use of Epi-Pens (171.165 and .227)
- Streamlines duties of medical oversight of AED use by first responders (171.225)
- First responder training curriculum moved out of regulations to an OEMS Administrative Requirement (A/R) (deleted 171.240 Appendix)

If you have questions, please contact Abdullah Rehayem or Silva Cameron at DPH/Office of Emergency Medical Services, at 617-284-8300 or by email, abdullah.rehayem@state.ma.us or silva.cameron@state.ma.us.